

DEPARTMENT OF FAIR EMPLOYMENT & HOUSING

2014 "T" Street, Ste. 210, Sacramento, CA 95814
(916) 227-2873 TTY (800) 700-2320 Fax (916) 227-2870
www.dfeh.ca.gov



INTERPRETER/TRANSLATOR CONFIDENTIALITY AGREEMENT

Re:

Case name and number

I, _____, agree that I may not discuss or relate any part of conversations, nor reveal the name and identity of any Complainants and/or Respondents, outside of this agency.

I further acknowledge that I have rendered an accurate and complete interpretation and/or translation of all interactions between Department of Fair Employment and Housing (DFEH) staff and the Complainant and/or Respondent.

I agree to respect the privilege of confidentiality in my communications and maintain confidential the identity of any Complainants and/or Respondents and the reasons and outcomes of their visit.

I further agree to indemnify and the hold harmless DEFH from any responsibility or liability arising out of my violation of this agreement. I understand that any breach of confidentiality will be considered justification for my dismissal as an interpreter/translator. I understand that in the event I am an employee for a contracting agency, a report of said breach will be sent to that agency and to appropriate legal authorities.

I fully understand and agree to the above stated terms.

Name _____ Agency Name _____

Address _____

City _____ State _____ Zip Code _____